FORM 5 Rev 02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

DRILLING COMPLETION REPORT

DE	ET	OE	ES

Document Number: 2287243

Date Received: 02/01/2012

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion   ☐ Preliminary completion

1. OGCC Operator Number: 24461
2. Name of Operator: DIVERSIFIED OPERATING CORPORATION
3. Address: 15000 W 6TH AVE STE 102
    City: GOLDEN   State: CO   Zip: 80401

4. Contact Name: BILL WARBURTON
   Phone: (303) 384-9611
   Fax: (303) 384-9612

5. API Number   05-123-31834-00
6. County: WELD
7. Well Name: BABB   Well Number: 14-7
8. Location: QtrQtr: SWNE   Section: 14   Township: 6N   Range: 61W   Meridian: 6
   Footage at surface: Distance: 2361 feet   Direction: FNL   Distance: 2118 feet   Direction: FEL
   As Drilled Latitude: 40.489040   As Drilled Longitude: -104.174030

GPS Data:
   Data of Measurement: 12/16/2011   PDOP Reading: 1.3   GPS Instrument Operator's Name: DARREN VEAL

   ** If directional footage at Top of Prod. Zone   Dist.: _____ feet. Direction: _____   Dist.: _____ feet. Direction: _____
            Sec: _____   Twp: _____   Rng: _____
   ** If directional footage at Bottom Hole   Dist.: _____ feet. Direction: _____   Dist.: _____ feet. Direction: _____
            Sec: _____   Twp: _____   Rng: _____

9. Field Name: DOLLEY   10. Field Number: 17240
11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 09/19/2010   13. Date TD: 09/24/2010   14. Date Casing Set or D&A: 09/26/2010

15. Well Classification:
   ☒ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth   MD 6878   TVD** _____   17 Plug Back Total Depth   MD _____   TVD** _____

18. Elevations   GR 4672   KB 4684 | One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
COMPENSATED DENSITY COMPENSATED NEUTRON DUAL INDUCTION

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	11	8+5/8		0	432	175	0	432	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	6,028		☐	☐	
D SAND	6,716		☐	☐	
J SAND	6,790		☐	☐	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____   Print Name: BILL WARBURTON

Title: PETROLEUM ENGINEER   Date: 12/13/2011   Email: wlw@doccolo.com

Attachment Check List

Att Doc Num	Document Name	attached ?
Attachment Checklist		
	CMT Summary *	Yes ☐ No ☒
	Core Analysis	Yes ☐ No ☒
	Directional Survey **	Yes ☐ No ☒
	DST Analysis	Yes ☐ No ☒
	Logs	Yes ☐ No ☒
2287244	Other	Yes ☒ No ☐
Other Attachments		
2287243	FORM 5 SUBMITTED	Yes ☒ No ☐

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)